



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 046301-002000
In re Application of: Paul L. Master, et al.		
Application Number: 09/997,530	Filed: November 30, 2001	
For: APPARATUS, SYSTEM AND METHOD FOR CONFIGURATION OF ADAPTIVE INTEGRATED CIRCUITRY HAVING FIXED, APPLICATION SPECIFIC COMPUTATIONAL ELEMENTS		
Group Art Unit: 2183	Examiner: Pan, Daniel H.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate entity fee are as follows (check time period desired):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)		\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)		\$ <u>225.00</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)		\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)		\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)		\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status.		
<input type="checkbox"/> A check to cover the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3557</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input type="checkbox"/> attorney or agent of record.		
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).		
Registration number if acting under 37 CFR 1.34(a) <u>46,242.</u>		
<u>James W. Drapinski</u> Signature		<u>AUG 7, 2007</u> Date
<u>James W. Drapinski</u> Typed or printed name		<u>415-984-8200</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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